Subject: Studies in the News: (July 23, 2010) **Special Issue on Community Services**

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

Studies in the News (SITN) is a service provided for the California Department of Mental Health by the California State Library. This service features articles focusing on mental health issues. Prior lists can be viewed from the California State Library's Web site at **California State Library - Studies in the News**

Mental health articles and e-books are also available at the California State Library

How to Obtain Materials Listed in SITN:

- When available on the Internet, the URL for the full-text of each item is provided.
- **California State Employees** may contact the Information Resources and Government Publications section (916-654-0261; cslinfo@library.ca.gov) with the SITN issue date and title of article.
- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf.

CONTENTS OF SPECIAL ISSUE ON COMMUNITY SERVICES

COMMUNITY SERVICES

"Case-Mix Adjustment and the Comparison of Community Health Center Performance on Patient Experience Measures." By M. Laura Johnson, Department of Veteran's Affairs, Health Services Research and Development, Seattle, WA, and others. IN: Health Services Research, vol. 45, no. 3 (June 2010) pp. 670-690.

["Objective. To assess the effect of case-mix adjustment on community health center (CHC) performance on patient experience measures. Data Sources. A Medicaid-managed care plan in Washington State collected patient survey data from 33 CHCs over three fiscal quarters during 2007–2008. The survey included three composite patient experience measures (6-month reports) and two overall ratings of care. The analytic sample includes 2,247 adult patients and 2,859 adults reporting for child patients. Study Design. We compared the relative importance of patient case-mix adjusters by calculating each adjuster's predictive power and variability across CHCs. We then evaluated the impact of case-mix adjustment on the relative ranking of CHCs. Principal Findings. Important case-mix adjusters included adult self-reported health status or parent-reported child health status, adult age, and educational attainment. The effects of case-mix adjustment on patient reports and ratings were different in the adult and child samples. Adjusting for race/ethnicity and language had a greater impact on parent reports than adult reports, but it impacted ratings similarly across the samples. The impact of adjustment on composites and ratings was modest, but it affected the relative ranking of CHCs. Conclusions. To ensure equitable comparison of CHC performance on patient experience measures, reports and ratings should be adjusted for adult self-reported health status or parent-reported child health status, adult age, education, race/ethnicity, and survey language. Because of the differential impact of case-mix adjusters for child and adult surveys, initiatives should consider measuring and reporting adult and child scores separately."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=50211676&site=ehost-live

Community Care of North Carolina: Building of Community Systems of Care through State and Local Partnerships. By Douglas McCarthy and Kimberly Mueller, Issues Research, Inc. (Commonwealth Fund, New York, New York) June 2009. 14 p.

["Community Care of North Carolina (CCNC) is a public–private partnership between the state and 14 nonprofit community care networks. The networks comprise essential local providers that deliver key components of a "medical home" for low-income adults and children enrolled in Medicaid and the State Children's Health Insurance Program. Community-based delivery systems promote the development of locally led approaches that leverage resources and relationships to meet statewide goals. Local net-works and primary care physicians receive supplemental funding for care management and quality improvement initiatives supported by statewide performance measurement and

benchmarking activities. Results suggest that the program has yielded cost savings while promoting improvements in care of patients with chronic conditions. CCNC's experience may be relevant to other states considering how to improve primary care case management programs, or how to better address the needs of low-income individuals in areas that lack effective mechanisms for coordinating care."]

Full text at:
http://www.commonwealthfund.org/~/media/Files/Publications/Case%20Study/2009/Jun/1219_McCarthy_CCNC_case_study_624_update.pdf

"Consumer Focus Groups: A Key to Transforming Behavioral Health Systems?" By Sharon Bowland, University of Louisville, and others. IN: International Journal of Mental Health, vol. 39, no. 1 (Spring 2010) pp. 16-28.

["Background: Consumer organizations involved in the Eastern Region Behavioral Health Initiative of the St. Louis Regional Health Commission sought to ensure that services were streamlined, easily accessible, and focused on consumer needs. To this end, in February 2007, they solicited feedback from consumers and family members affected by mental illness and substance abuse through a series of focus groups. Methods: Fifty-five individuals with severe mental illness and their family members, from across the St. Louis Region, shared their experiences and struggles in the mental health and substance abuse systems. The data, which were coded for six focus groups, were analyzed, summarized, and presented to system providers and community stakeholders. Results: Substantial problems still remain with medication management services, quality of inpatient care, and stigmatization. Conclusions: Consumer input is imperative to the successful implementation of any work related to systems change to both affirm and redirect organizational priorities. Stigma emerged as a pervasive theme throughout the six focus groups and was subsequently incorporated as a priority for improving services in the system. Stigma and cultural competency training is needed for health-care staff workers at all levels to increase access effectively to services."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=49069482&site=ehost-live

"Early Intervention for Psychotic Disorders in a Community Mental Health Center." By Vinod H. Srihari, Yale University School of Medicine, and others. IN: Psychiatric Servicess, vol. 60, no. 11 (November 2009) pp. 1426-1428.

["Early intervention may improve long-term outcomes for psychotic illnesses. Early-intervention services in other countries have focused on reducing the duration of untreated illness and adapting interventions for younger patients.

This column describes the process of building such a service, called specialized treatment early in psychosis (STEP), at the Connecticut Mental Health Center. This effort is rooted in a longstanding collaborative relationship between the Connecticut Department of Mental Health and Addiction Services and Yale. The authors describe the critical contribution of such partnerships in evaluating the cost-effectiveness of early intervention in a "real-world" U.S. setting."]

Full text at:
http://ps.psychiatryonline.org/cgi/reprint/60/11/1426.pdf

"Funding Growth Drives Community Health Center Services." By Anthony T. Lo Sasso and Gayle R. Byck, University of Illinois at Chicago. IN: Health Affairs, vol. 29, no. 2 (2010) pp. 289-296.

["Federally qualified health centers play a major role in providing health care to the underserved, and will remain an important part of the health care safety net even under reforms that will increase the number of Americans with health insurance. We show that the investments made in federally qualified health centers during 1996–2006 clearly translated into an increase in services available to patients, including mental health and substance abuse treatment and counseling and staffing. One particularly notable finding is that an additional $500,000 in federal grants translates into 540 more uninsured patients treated."]

Full text at:
http://content.healthaffairs.org/cgi/reprint/29/2/289?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=community+services&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT

"Rethinking Health Planning: A Framework for Organizing Information to Underpin Collaborative Health Planning." By Ori Gudes, Queensland University of Technololgy, and others. IN: Health Information Management Journal, vol. 39, no. 2 (2010) pp. 18-29.

["The field of collaborative health planning faces significant challenges created by the narrow focus of the available information, the absence of a framework to organise that information and the lack of systems to make information accessible and guide decision-making. These challenges have been magnified by the rise of the 'healthy ***communities*** movement', resulting in more frequent calls for localised, collaborative and evidence-driven health related decision-making. This paper discusses the role of decision support systems as a mechanism to facilitate collaborative health decision-making. The paper presents a potential information management framework to underpin a health decision support system and describes the participatory process that is currently being used to create an online tool for health planners using geographic information systems. The need

for a comprehensive information management framework to guide the process of planning for healthy ***communities*** has been emphasised. The paper also underlines the critical importance of the proposed framework not only in forcing planners to engage with the entire range of health determinants, but also in providing sufficient flexibility to allow exploration of the local setting-based determinants of health."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=51869304&site=ehost-live

"Teaching Primary Care in Community Health Centers: Addressing the Workforce Crisis for the Underserved." By Richard E. Rieselbach, University of Wisconsin, School of Medicine. IN: Annual of Internal Medicine, vol. 152, no. 2 (January 19, 2010) pp. 1-6.

["Universal coverage and multiple initiatives to improve health care delivery are crucial components of health care reform. However, the missing link has been a plan to rapidly address the primary care workforce crisis for the underserved. The authors propose a link between primary care graduate medical education and care for the underserved in community health centers, where expansion will be necessary for the anticipated increase in Medicaid and insured patients. This can be achieved by establishing primary care teaching health centers in expanded community health centers, which have established a patient-centered medical home practice environment. Residents would receive their final year of training in these centers, and then have the incentive of National Health Service Corps debt repayment if they subsequently practice in an underserved area. Primary care residents being trained in this setting would immediately increase the clinical capacity of community health centers and ultimately expand the primary care physician workforce. This proposal addresses the primary care physician workforce crisis and the associated key problems of limited access for the underserved and suboptimal primary care graduate medical education."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=47660172&site=ehost-live

The Vermont Accountable Care Organization Pilot: A Community Health System To Control Total Medical Costs and Improve Population Health. By Jim Hester, Director of Health Care Reform Commission, Vermont State Legislature, and others. (The Commonwealth Fund, New York, New York) May, 2010. 30 p.

["For the last two years, Vermont's Health Care Reform Commission has been exploring how the accountable care organization (ACO) model might be incorporated into the state's comprehensive health reform program. Three Vermont provider organizations are now in various stages of planning an ACO as part of a national learning network. This

report identifies four levels of geographic scale that support an ACO and five functional capabilities needed for its success. Because rural settings make potential ACOs more dependent on supporting infrastructure, the authors recommend a pilot community approach. Most small and medium sized communities will need state or regional support for defining a common financial framework for all payers, creating a consolidated performance pool involving multiple payers, developing and expanding both medical homes and IT tools, and providing other technical support, training, and start-up funding. Federal health reform provides much-needed support for Medicare participation and rapid expansion of electronic medical records."]

Full text at:
http://www.commonwealthfund.org/~/media/Files/Publications/Fund%20Report/2010/May/1403_Hester_Vermont_accountable_care_org_pilot.pdf

Subject: Studies in the News: (August 31, 2010)

Studies in the News for

California Department of Mental Health

Introduction to Studies in the News

Studies in the News (SITN) is a service provided for the California Department of Mental Health by the California State Library. This service features articles focusing on mental health issues. Prior lists can be viewed from the California State Library's Web site at **California State Library - Studies in the News**

Mental health articles and e-books are also available at the California State Library

How to Obtain Materials Listed in SITN:

- When available on the Internet, the URL for the full-text of each item is provided. If you have trouble accessing the article per the enclosed link, you may contact Peggy Fish at pfish@library.ca.gov
- **California State Employees** may contact the Information Resources and Government Publications section (916-654-0261; cslinfo@library.ca.gov) with the SITN issue date and title of article to request an article.
- All other interested individuals should contact their local library-the items may be available there, or may be borrowed by your local library on your behalf

CONTENTS

ANTIPSYCHOTICS

"Antipsychotic Adherence, switching, and health care service utilization among Medicaid recipients with schizophrenia". By Douglas L. Noordsy, Dartmouth Medical School, and others. IN: Patient Preference and Adherence, (2010) pp. 263-271.

["Objective: To evaluate health care resource utilization in patients with schizophrenia, who continued newly prescribed antipsychotic medications, compared with those switching to different treatments.
Methods: Adults with schizophrenia in the California Medicaid (MediCal) database who initiated treatment with index medications in 1998–2001, were classified as having: 1) abandoned antipsychotic medications; 2) switched to another medication; or 3) continued with the index antipsychotic, for up to 6 months after the index date.
Results: Of 2300 patients meeting eligibility criteria, 1382 (60.1%) continued index medications, 480 (20.9%) switched, and 438 (19.0%) abandoned antipsychotic treatment. Utilization in several resource categories occurred significantly more frequently among patients whose regimens were switched (vs. those continuing index medications). These included using psychiatric (24.2% vs. 14.5%; *P* , 0.001) or nonpsychiatric (31.5% vs. 24.3%; *P* , 0.05) emergency services; being admitted to a hospital (10.6% vs. 7.4%; *P* , 0.05); making nonpsychiatric outpatient hospital visits (43.3% vs. 36.4%; *P* , 0.05) or nonpsychiatric physician visits (62.7% vs. 56.4%; *P* , 0.05); and using other outpatient psychiatric (53.3% vs. 40.7%; *P* , 0.001) or nonpsychiatric (82.7% vs. 74.6%; *P* , 0.001) services.
Conclusions: Switching antipsychotic medications is associated with significantly increased health care resource utilization (vs. continuing treatment).

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2915559/pdf/ppa-4-263.pdf

[Back to top]

"First Do No Harm: Promoting an Evidence-Based Approach to Atypical Antipsychotic Use in Children and Adolescents." By Constadina Panagiotopoulos, British Columbia Children's Hospital, Vancouver, BC, and others. IN: Journal of the Canadian Academy of Child & Adolescent Psychiatry, vol.19, no.2 (2010) pp. 124-137.

["Objectives: To review the evidence for efficacy and metabolic effects of atypical ***antipsychotics*** (AAPs), and to propose a metabolic monitoring protocol for AAP use in children and adolescents. Methods: A PubMed search was performed to obtain all studies related to efficacy, metabolic side-effects, and monitoring in those less than 18 years of age. Results: There are no approved indications for AAP use in children and adolescents in Canada. Based on US Food and Drug Administration approvals and a review of randomized controlled trials, we identified 7 indications for AAP use that target specific symptoms in youth including schizophrenia, bipolar I disorder, autism, pervasive developmental disorder, disruptive behaviour disorders (including conduct disorder and

ADHD), developmental disabilities and Tourette Syndrome. A wide range of metabolic effects including weight gain, increased waist circumference, dysglycemia, dyslipidemia, hypertension, elevated hepatic transaminases and prolactin levels have been reported. We have developed a proposal for metabolic monitoring that includes anthropometric measurements and laboratory testing at baseline and appropriate intervals thereafter. Conclusion: There is an urgent need for national clinical practice guidelines that provide, not only appropriate treatment algorithms for AAP use based on evidence, but also address metabolic monitoring and subsequent management of complications in this vulnerable population."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=52740777&site=ehost-live

[Back to top]

CHILDREN AND ADOLESCENTS

"A Description of the Establishment of a New Child and Mental Health Service in the United Kingdom." By Steven Walker, Anglia Ruskin University, Chelmsford, UK. IN: Journal of Child & Adolescent Mental Health, vol. 22, no. 1 (2010) pp. 35-39.

["This paper describes an evaluation of a ***child*** and ***adolescent mental health*** project located in a large County in Eastern England. The project was one of eight developed in the voluntary sector and supported by the UK ***Mental Health*** Foundation as part of a national initiative aimed at responding in new, accessible ways to young people requiring help for emotional and ***mental health*** problems. Methods: This was a mixed-method study conducted with referring agencies and service users and staff at the project using individual face to face semi-structured interviews, a focus group and postal questionnaires. Core evaluation questions were based on the UK Commission for ***Health*** Improvement (CHI) evaluation instrument for ***child*** and ***adolescent mental health*** service provision (DOH 2003a). Results: Over the course of three years, 494 referrals were received. A total of 25% of questionnaires were returned from the referring agencies. A representative sample of clients and project staff were interviewed and audio-tape recorded. Clients reported overall satisfaction with the service provided feeling it was accessible, acceptable and appropriate. Staff enjoyed working outside statutory contexts but desired more stable funding arrangements to enable the project to expand. Conclusions: The evidence from this study demonstrates that it is possible to establish, with careful planning, interprofessional teams who are able to integrate with primary care and specialist ***child*** and ***adolescent mental health*** staff, within the social environments of ***children*** and families to provide a more accessible and acceptable service."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=52048692&site=ehost-live

[Back to top]

"Receipt of Help after Deliberate Self-harm among Adolescents: Changes over an Eight-Year Period." By Ingeborg Rossow, University of Oslo, and Lars Wichstrom, Norwegian University of Science and Technology. IN: Psychiatric Services, vol. 61, no. 8 (August 2010) pp. 783-787.

["This study assessed whether there were any changes in receiving help after deliberate self-harm among adolescents over an eight-year period as a result of significant changes in service provision and media attention and, if so, whether individual predictors of receiving help may aid in explaining these changes. *Methods:* School surveys among Norwegian adolescents in 1994 (N=7,446) and 2002 (N=11,678) asked identical questions about whether the students had experienced deliberate self-harm and, if so, whether they had received treatment or help from various health services, from informal sources, or from no one. *Results:* Among the 1,401 students with valid responses who reported deliberate self-harm, 23% had received treatment or help from health services and 48% had received help from family or friends. These proportions increased significantly from 1994 to 2002, when individual predictors were controlled for. The number of sources from which help had been received also increased significantly over the period, whereas the proportion reporting no receipt of help or treatment from anyone decreased from 49% to 40%. A history of a suicide attempt increased the likelihood of receiving help, both from health services and from family or friends. Male gender and poorer parental attachment increased the likelihood of not having received any help or treatment after deliberate self-harm. *Conclusions:* Only about one in four adolescents seems to be reached by health services after deliberate self-harm. Yet the increase in the proportion receiving help from professional and informal sources over this period suggests that changes in societal factors may have reduced barriers for these vulnerable young people to seek help."]

Full text at:
http://psychservices.psychiatryonline.org/cgi/reprint/61/8/783

[Back to top]

"Working with Adolescents with Mental Disorders: the Efficacy of a Multiprofessional Intervention." By Michela Gatta, University of Padua, Padua, Italy, and others. IN: Health, vol. 2, no. 7 (July 2010) pp. 811-818.

["The aim of this work was to compare multiprofessional and uniprofessional interventions applied to ***adolescent*** patients affected by psychiatric disorders. The initial hypothesis is that a multiprofessional intervention is more efficacy than a single one. A hundred individuals, 66 males and 34 females, aged between 12 and 19 years affected by emotional and behavioural problems, were selected and divided into 5 groups under the therapeutic treatment. Subjects, after diagnosis (ICD 10) and therapeutic suggestion, were clinically followed for 12 months. The Global Assessment Functioning Scale (GAF) was used to evaluate therapeutic efficacy of interventions. The outcome is associated with the

type of intervention: who got clinically better are those patients who underwent multiprofessional integrated therapy rather then a single intervention."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=52885118&site=ehost-live

[Back to top]

HEALTH POLICY

California's Uninsured by County. Health Policy Fact Sheet. By Shana Alex Lavarreda and others, UCLA Center for Health Policy Research. (The Center, Los Angeles, California) August 2010. 2 p.

["This fact sheet presents county-by-county estimates of the number of California residents who have lost health insurance during the economic downturn. The authors find that 37 counties saw uninsured rates increase to nearly one-third of their total non-elderly population (ages 0-64) for all or part of 2009.

Loss of health insurance was concentrated in Southern California (Imperial, Riverside, San Bernardino counties), the San Joaquin Valley (all counties), and the Northern/ Sierra areas (all but Sutter and Humboldt), all of which had 2009 uninsured rates that were above the statewide average (24%).

The losses were due to sharp increases in local unemployment and corresponding drops in both household income and job-based coverage."]

Full text at:
http://www.healthpolicy.ucla.edu/pubs/files/County_Uninsured_FS_CORRECTION.pdf

[Back to top]

The Massachusetts Child Psychiatry Access Project: Supporting Mental Health Treatment in Primary Care. By Wendy Holt, DMA Health Strategies. Commonwealth Fund Publications, Vol. 41, No. 1378. (The Fund, Boston, New York, New York) March 2010. 20 p.

["Massachusetts has successfully demonstrated the Massachusetts Child Psychiatry Access Project (MCPAP), a program that provides timely telephonic psychiatric and clinical guidance to primary care providers (PCPs) treating children with mental health problems. The program allows enrolled PCPs to get assistance for any child in their care. On the basis of an initial phone consultation, MCPAP may provide an in-person psychiatric or clinical assessment, transitional therapy, and/or facilitated linkage to community resources. Six regional teams based in academic medical centers reach out to and support enrolled PCPs in their catchment area. The program has enrolled most

primary care practices, representing an estimated 95 percent of all youth in the state, and has high rates of PCP participation. PCPs report higher ratings of their ability to serve children with mental health problems as a result of the program."]

Full text at:
http://www.commonwealthfund.org/~/media/Files/Publications/Case%20Study/2010/Mar/1378_Holt_MCPAP_case_study_32.pdf

[Back to top]

HOMELESSNESS AND SUBSTANCE ABUSE

Homeless Young Adult Treatment Admissions. The Treatment Episode Data Set (TEDS) Report. By the Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA) (The Office, Arlington, Virginia) July 1, 2010. 6 p.

["Homelessness is a public health crisis in the United States, one which particularly threatens young adults. Homeless young adults are susceptible to health and safety problems associated with inadequate housing, including violence, infectious disease, mental health problems, and substance abuse. Substance abuse and homelessness present a complex set of problems not only for the persons suffering from them but also for public health services agencies. Understanding the characteristics of homeless young adults in substance abuse treatment can help public health efforts aimed toward prevention, improving access to treatment, and treatment effectiveness with this population."]

Full text at:
http://www.oas.samhsa.gov/2k10/234/234HomelessYth2k10.htm

[Back to top]

INNOVATIONS IN PATIENT MENTAL HEALTH CARE

Care Managers Enhance Access to Medical Care for Low-Income Individuals with Severe Mental Illness, Leading to Improved Physical and Mental Health. By Benjamin G. Druss, Emory University. IN: AHRQ Innovations Exchange, U.S. Department of Health and Human Services. (August 18, 2010) pp. 1-6.

["A community mental health center affiliated with a large public health system used two full-time registered nurses to serve as care managers who assist patients with severe mental illness in accessing needed preventive, primary, and specialty medical services. Care managers performed an initial in-depth assessment to determine social service and medical needs, then met with patients regularly (at least monthly) over a 2-year period to help them in overcoming barriers to accessing needed services. Between visits, care managers monitored patients' progress, provided additional support as needed, and coordinated as necessary with primary care and mental health clinicians serving the

patient. The program improved physical and mental health and enhanced access to needed preventive, primary care, and specialty medical services, leading to the diagnosis of previously undetected conditions. (The program ended after grant funding ran out, as the mental health center could not afford to keep the nurses on salary.)"]

Full text at:
http://www.innovations.ahrq.gov/content.aspx?id=2739

[Back to top]

Locating Mental and Behavioral Health Services in Health Plan Centers Enhances Access and Reduces Utilization of Inpatient Psychiatric Services for Community-Dwelling Frail Seniors. By Cheryl Phillips and Irina Ginsberg, On Lok Lifeways, San Francisco. IN: AHRQ Innovations Exchange, U.S. Department of Health and Human Services. (August 18, 2010) pp. 1-6.

["The On Lok Lifeways Program for All-Inclusive Care for Elderly-model health plan, which serves community-dwelling frail seniors, developed an onsite mental and behavioral program. The mental health team is composed of a psychologist, licensed clinical social worker, and two marriage/family therapists who visit each of its eight plan-run health centers at least once a week. As part of an interdisciplinary team with other providers, the mental health team delivers services to plan participants and consultations to the staff. The team assesses and treats participants, provides family and caregiver support when needed, and train staff on mental and behavioral health issues in the senior population. The program enhanced access to mental health services, significantly reduced the use of inpatient psychiatric care, and led to high levels of staff satisfaction."]

Full text at:
http://www.innovations.ahrq.gov/content.aspx?id=2630

[Back to top]

MEDICAID

"Economic Antecedents of Medicaid-Financed Mental Health Services among Youths in California." By Tim A. Bruckner, University of California at Irvin, and others. IN: International Journal of Mental Health, vol.39, no. 2 (Summer 2010) pp.74-90.

["The literature reports that downturns in the economy may increase utilization of adult mental health services. However, whether economic decline affects the use of mental health services among youth remains unclear. We test whether demand for California's publicly financed mental health services for children varies with labor market contraction. Methods: We apply time-series methods to monthly counts of unduplicated clients served, from July 2002 to April 2008, for California Children's Medicaid Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. We use as the independent variable monthly unemployment insurance claims in California that result

from mass layoffs. Results: Increases in the number of unemployment insurance claims due to mass layoffs in California coincide with higher than expected monthly values of EPSDT services. Exploratory analyses find that expansions in public health insurance enrollment do not account for the discovered increase in EPSDT services. Conclusions: Economic contraction may increase the demand for youth mental health services in California by provoking disorder, inducing help-seeking, or both. We discuss the implications of our findings for policy and for research concerned with the antecedents of mental health among youth."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=52475011&site=ehost-live

[Back to top]

"Medicaid Fee for Service Reimbursement and the Delivery of Human Services for Individuals with Developmental Disabilities or Severe Mental Illness: Negotiating Cost." By Melissa A. Walker, Wichita State University, and Jason E. Osterhaus, Kansas Department of Social and Rehabilitative Services. IN: Journal of Health & Human Services Administration, vol. 32, no. 4 (March 2010) pp. 180-204.

["Fees paid by Medicaid are a primary resource for nonprofit organizations serving individuals with developmental disabilities and severe mental illness. While Medicaid reimbursement has facilitated the transition from institutional to community care, cost is not well understood. This article examines how government and nonprofit organizations negotiate the cost of service delivery. Analysis based on this case study shows cost is a central concern for both government and nonprofit service providers."]

Full text at:
http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=51701766&site=ehost-live

[Back to top]

"Mental Health Community Case Management and Its Effect on Healthcare Expenditures." By Joseph J. Parks and others. IN: Psychiatric Annals, vol. 40, no. 8 (August 2010) pp. 415-419.

["The article examines the effectiveness of the Community ***Mental*** Health Case Management (CMHCM) on healthcare costs for ***Medicaid*** psychiatric patients. It points out the urgent need for case management as people with severe ***mental*** condition pass away earlier than the average population. It presents the results of a study of schizophrenic patients where CMHCM proved to be effective in improving outcomes and reducing costs in low to medium intensity case management. Increased expenditures in high intensity cases were attributed to severity of ***illness***."]

Full text at:

http://search.ebscohost.com/login.aspx?direct=true&db=hch&AN=52894599&site=ehost-live

[Back to top]

OLDER ADULTS

New Realities of an Older America: Challenges, Changes, and Questions. By Adele M. Hayutin and others, Stanford Center on Longevity. (The Center, Palo Alto, California) 2010. 84 p.

["Population aging is a major force with economic, political and social implications for our entire society, young and old. The age shifts already under way are driving significant changes and choices in our families, workplaces and communities. As a society, we can no longer afford to ignore these forces — the opportunities and costs are too significant. It is urgent that we understand the nature of these changes and begin adapting our policies and practices to meet the new realities.

To provide a framework for thinking about these critical trends, we have prepared *New Realities of an Older America: Challenges, Changes and Questions*. Our briefing highlights five important changes shaping the new demographic reality:
• Population aging
• Increased racial and ethnic diversity
• Changes in living arrangements
• Evolving health care needs
• Challenges to financial well-being
We provide an overview of each trend and, where possible, present a comparative perspective on the changes over time and across different age groups. Our comparative perspective points to many questions about how these changes might unfold in unexpected ways. Some findings will surprise readers, others may reassure them. By illuminating unprecedented developments and raising tough questions, we hope *New Realities* will both inform and motivate. Ideally, the briefing will spark discussion about how developments will unfold and how they might affect people of all ages in our society."]

Full text at:
http://longevity.stanford.edu/files/New%20Realities%20of%20an%20Older%20America.pdf

[Back to top]

STIGMA

"DSM-V and the Stigma of Mental Illness." By Droor Ben-Zeev, Illinois Institute of Technology, and others. IN: Journal of Mental Health, vol. 19, no. 4 (August 2010) pp. 318-327.

["Stigma associated with mental illness has been shown to have devastating effects on the lives of people with psychiatric disorders, their families, and those who care for them. In the current article, the relationship between diagnostic labels and stigma is examined in the context of the forthcoming DSM-V. Three types of negative outcomes are reviewed in detail – public stigma, self-stigma, and label avoidance. The article illustrates how a clinical diagnosis may exacerbate these forms of stigma through socio-cognitive processes of groupness, homogeneity, and stability. Initial draft revisions recently proposed by the DSM-V work groups are presented, and their possible future implications for stigma associated with mental illness are discussed."]

Full text at:
http://informahealthcare.com/doi/pdf/10.3109/09638237.2010.492484

[Back to top]

SUICIDE PREVENTION

The Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives: Final Report of the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces. (The Department, Washington, D.C.) August 2010. 233 p.

["As directed by Section 733 of the National Defense Authorization Act (NDAA) for fiscal year 2009, the Secretary of Defense established a Task Force "to examine matters relating to prevention of suicide by members of the Armed Forces." The Department of Defense (DoD) Task Force on the Prevention of Suicide by Members of the Armed Forces (hereafter referred to as the Task Force) was created and comprised of seven DoD and seven non-DoD professionals with expertise in national suicide prevention policy, military personnel policy, research in the field of suicide prevention, clinical care in mental health, military chaplaincy and pastoral care, and military families.
The Task Force, established in August 2009, has prepared the following report for the Secretary of Defense, detailing the research, results, and recommendations from a year-long review of data, studies, programs, and discussions with Service Members, their families, and their caregivers. The intent of this report is to provide the Secretary of Defense and DoD leadership with actionable and measurable recommendations for policy and programs designed to prevent suicide by members of the Armed Forces."]

Full text at:
http://www.health.mil/dhb/downloads/Suicide%20Prevention%20Task%20Force%20final%20report%208-23-10.pdf

[Back to top]

Emergency Department Visits for Drug-related Suicide Attempts by Young Adults Aged 18-24: 2008. The Drug Abuse Warning Network (DAWN). By the Office of

Applied Studies for the Substance Abuse and Mental Health Services Administration. (The Office, Rockville, Maryland) May 25, 2010. 6 p.

["Suicide is a major public health problem in the United States that impacts thousands of young adults and their families and friends each year. With about 3,500 completed suicides among young adults aged 18 to 24 in 2006, suicide ranks as the third leading cause of death in this age group. The data on completed suicides present only part of this public health problem. Suicide attempts are a recognized risk factor for subsequent completed suicides, and there are between 100 and 200 attempted suicides for every completed suicide among young adults. The 2008 National Survey on Drug Use and Health (NSDUH) found that 1.2 percent of young adults aged 18 to 25 had attempted suicide; these rates were 3 times higher than those of adults in other age groups. Young adults also had the highest rates of suicidal thoughts (6.7 percent) and suicide planning (1.9 percent) of any age group."]

Full text at:
http://www.oas.samhsa.gov/2k10/DAWN002/SuicideAttemptsYoungAdults.htm

[Back to top]

"Understanding Recent Changes in Suicide Rates among the Middle-Aged: Period or Cohort Effects?" By Julie A. Phillips, Rutgers University, and others. IN: Public Health Reports, vol. 125, (September/October 2010) pp. 680-688.

["We examined trends in suicide rates for U.S. residents aged 40 to 59 years from 1979 to 2005 and explored alternative explanations for the notable increase in such deaths from 1999 to 2005. Methods. We obtained information on suicide deaths from the National Center for Health Statistics and population data from the U.S. Census Bureau. Age- and gender-specific suicide rates were computed and trends therein analyzed using linear regression techniques. Results. Following a period of stability or decline, suicide rates have climbed since 1988 for males aged 40–49 years, and since 1999 for females aged 40–59 years and males aged 50–59 years. A crossover in rates for 40- to 49-year-old vs. 50- to 59-year-old males and females occurred in the early
1990s, and the younger groups now have higher suicide rates. The post-1999 increase has been particularly dramatic for those who are unmarried and those without a college degree. Conclusions. The timing of the post-1999 increase coincides with the complete replacement of the U.S. population's middle-age strata by the postwar baby boom cohorts, whose youngest members turned 40 years of age by 2005. These cohorts, born between 1945 and 1964, also had notably high suicide rates during their adolescent years. Cohort replacement may explain the crossover in rates among the younger and older middle-aged groups. However, there is evidence for a period effect operating between 1999 and 2005, one that was apparently specific to less-protected members of the baby boom cohorts." **NOTE: An electronic copy of this article may be requested from the California State Library.]**

[Back to top]

VETERANS

Veteran's Medical Care: FY2011 Appropriations. By Sidath Viranga Panagala, Specialist in Veterans Policy. Congressional Research Service Report for Congress. 7-5700. (The Service, Washington, D.C.) July 27, 2010. 42 p.

["This report focuses on the VHA. The VHA is primarily a direct service provider of primary care, specialized care, and related medical and social support services to veterans through the nation's largest integrated health care system. Veterans generally must enroll in the VA health care system to receive medical care. Eligibility for enrollment is based primarily on previous military service, disability, and income. VA provides free inpatient and outpatient medical care to veterans for service-connected conditions and to low-income veterans for nonservice-connected conditions.

The Obama Administration released its FY2011 budget on February 1, 2010. The President requests an overall funding amount of $48.8 billion for VHA for FY2011, an increase of $3.7 billion over the enacted amount in FY2010. Furthermore, as required by P.L. 111-81, the Administration is requesting $50.6 billion in advance appropriations for FY2012 for the three medical care appropriations: medical services, medical support and compliance, and medical facilities. In FY2012, the administration's budget request would provide $39.6 billion for the medical services account, $5.5 billion for medical support and compliance account, and $5.4 billion for the medical facilities account."]

Full text at:
http://www.fas.org/sgp/crs/misc/R41343.pdf

[Back to top]

ELIBRARY ON CYBERBULLYING

Welcome to ebrary's Searchable Information Center on Cyber Bullying!

According to the National Crime Prevention Council, 43% of teens have been the victims of cyber bullying in the past year.

To help parents, educators, and others better understand, prevent, and take action against this growing concern, ebrary is subsidizing a collection of e-books on cyber bullying. Additionally, ebrary employees have uploaded a number of government documents from the Pew Internet & American Life Project, U.S. Department of Justice, and other organizations..

eBooks available on this site:

http://site.ebrary.com/lib/cyberbullying/home.action

NON PROFIT RESOURCE CENTER-GRANT WRITING

["Our mission is to enhance the resources and improve the management of nonprofit organizations, primarily within California's northern Central Valley and Sierra Nevada regions.

We invite you to visit us often to find resources that will help your nonprofit grow stronger and be more successful -- from information on training opportunities, consultation and technical assistance, to building connections with your peers.

The Nonprofit Resource Center...building a strong, vibrant nonprofit community."]

More information about grant-writing at:
http://www.nprcenter.org/

[Back to top]

CONFERENCES, MEETINGS AND SEMINARS

Southwest Regional Integrated Behavioral Health Conference

September 8th and 9th, 2010
San Diego, California

"This conference will provide a forum for exploring the complex social service issues in integrating treatment for clients with addiction and mental health disorders. Internationally known presenters will explore current trends in neurobiology, research on human behavior change, clinical supervision, and evidence based methods to increase client engagement and outcomes in care. Participants will be able to choose from sessions in four tracks: Wellness, Trauma Informed Services, Leadership, and Advanced Clinical Practices."

For more information:
http://www.mhsinc.org/events/2010/09/08/southwest-regional-integrated-behavioral-health-conference

[Back to top]

5th Annual UC Davis Conference: Psychotic Disorders: Advanced Strategies for the Management of Psychosis: A State of the Art Conference for Experienced Clinicians.

September 16, 2010
Hilton Sacramento
Sacramento, California

["This year's conference on psychotic disorders has been designed to respond to areas of need as identified through past conference evaluations and annual needs assessment surveys of participants. The program is knowledge and experience-based and designed to update participants on important new approaches to the diagnosis and treatment of psychotic disorders, psychosocial interventions and assisting patients in recovery from psychotic episodes. Program content will address educational or practice gaps in the areas of pharmacologic management of refractory patients, managing young people at risk for psychosis, understanding the relationship between autism and psychosis and the process and outcomes associated with recovery of functional capacity in psychotic disorders."]

For more information:
http://www.ucdmc.ucdavis.edu/cme/conferences/pdfs/APSYC11_9-16-10Web.pdf

[Back to top]

15th Annual Conference on Advancing School Mental Health

October 7-9 2010
Hyatt Regency Hotel
Albuquerque, New Mexico

["The 15th Annual Conference on Advancing School Mental Health will be held in Albuquerque, New Mexico at the Hyatt Regency Hotel. The Conference is the nation's premiere school mental health conference and offers numerous opportunities to network and learn more about best practice in school mental health. The theme for this conference will be "School Mental Health and Promoting Positive School Culture."]

For more information:
http://csmh.umaryland.edu/conf_meet/AnnualConference/index.html

[Back to top]

The Emerging Neuroscience of Autism Spectrum Disorders

San Diego, California
November 11 and 12, 2010

[This meeting will review current knowledge about the molecular and cellular basis of autism spectrum disorders (ASDs). ASDs, which include autism, Asperger syndrome, Rett syndrome, and pervasive developmental disorder – not otherwise specified, typically

present with social and language deficits, in addition to proscribed interests and/or stereotyped behaviors. Behavioral interventions remain the first-line treatment for ASDs and can ameliorate symptoms in some individuals. Molecular genetic approaches have begun to identify chromosomal abnormalities and smaller genetic variants that confer high risk for ASDs. These abnormalities can be explored in model systems and are leading to novel rational therapies. Concurrent studies in patients are identifying systems-level changes that implicate neuronal pathways related to specific symptoms of the ASDs. Leading world experts will review all aspects of current research including the possible causes and current treatments of ASDs at this two-day meeting."]

For more information:
http://www.brainresearch2010.com/

[Back to top]

2nd Conference on Positive Aging
An Interdisciplinary Team Approach for Health Professionals

Vancouver, BC, Canada
November 26, & 27, 2010

["The aim of the 2nd national conference on positive aging is to bring together an interdisciplinary audience of health professionals and researchers to address some of the issues and challenges facing the aging population today. Hear about the most current research findings from leading experts, learn how research can be translated into practice, and discover useable resources to promote healthier, more positive living for Canada's older adult population. The importance of purpose and meaning of the later life as well as lessons for health and longevity will be emphasized.
The conference will provide informative lectures, discussions, workshops, poster sessions and ample networking opportunities. A highlight of this conference will be to hear from the Older Adults."]

For more information:
http://www.interprofessional.ubc.ca/Positive_Aging_2010.html

[Back to top]

ZERO TO THREE's 25th National Training Institute (NTI) ***Connecting Science, Policy and Practice***

December 9–11, 2010 (Pre-Institute December 8)
JW Marriott Desert Ridge Resort and Spa, Phoenix, AZ

["Every year, ZERO TO THREE provides an opportunity for professionals to enhance their knowledge about early childhood development through our National Training Institute (NTI). The NTI is the most comprehensive multidisciplinary conference in the infant-family field, focusing on cutting-edge research, best practices, and policy issues for infants, toddlers, and families."]

For more information:
http://www.zttnticonference.org/ [Back to top]